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Bib Data Sheet

CONFIRMATION NO. 1860

SERIAL NUMBER 10/626,299	FILING DATE 07/24/2003  RULE	CLASS 514	GROUP ART UNIT 1626	ATTORNEY DOCKET NO. CT-2665 NP
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *✓ WS*  
 This appln claims benefit of 60/400,241 08/01/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *✓ WS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>AS</i> Initials	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS <i>10</i> 6	INDEPENDENT CLAIMS 1
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TITLE  
 Antiamyloid phenylsulfonamides: N-alkanol derivatives

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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